



HEALTHCARE SCHOLARSHIP APPLICATION - 2025

OPEN TO GRANT COUNTY HIGH SCHOOL GRADUATING SENIORS
 APPLICATION MUST BE SUBMITTED BY **FRIDAY, MAY 16TH, 2025**

SUBMIT TO:
 BLUE MOUNTAIN HOSPITAL DISTRICT SCHOLARSHIP COMMITTEE
 ATTENTION: HUMAN RESOURCES DEPT.
 170 FORD ROAD
 JOHN DAY, OREGON 97845
 EMAIL: SCHOLARSHIP@BLUEMOUNTAINHOSPITAL.ORG

APPLICANT PERSONAL INFORMATION			SUBMISSION DATE:	/ /
NAME:			DATE OF BIRTH:	/ /
ADDRESS:	Street: Mailing:	City: State: Zip:		
PHONE:	() -	EMAIL:		
PARENT(S) OR LEGAL GUARDIAN(S) CONTACT INFORMATION:				
NAME:			NAME:	
ADDRESS:	Street/Mailing: City: State: Zip:	ADDRESS: (IF DIFFERENT)	Street/Mailing: City: State: Zip:	
PHONE:	() -	PHONE:	() -	
HIGH SCHOOL INFORMATION				
NAME:			GRADUATION DATE:	/ /
GRADE POINT AVERAGE (GPA):			COLLEGE CREDITS OBTAINED:	
LIST ALL ACADEMIC HONORS, AWARDS, AND MEMBERSHIP ACTIVITIES BELOW:				
LIST YOUR COMMUNITY SERVICE & EXTRACURRICULAR ACTIVITIES AS WELL AS ANY HOBBIES/INTERESTS:				



HAVE YOU DONE A JOB SHADOW AT OUR HOSPITAL?		IF SO, WHO / DEPT?
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COLLEGE | UNIVERSITY INFORMATION

NAME:		SEEKING DEGREE IN:	
STATE:	OUT-OF-STATE TUITION FEE APPLIED TO COST?	IF YES, AMOUNT: \$	_____
DO YOU PLAN TO WORK WHILE GOING TO SCHOOL?		EMPLOYMENT:	

FINANCIAL COST BREAKDOWN:

<u>RECEIPTS</u>	<u>EXPENSES</u>
SAVINGS: \$ _____	TUITION AND FEES: \$ _____
WAGES DURING SCHOOL YEAR: \$ _____	BOARD: \$ _____
OTHER SCHOLARSHIPS: \$ _____	BOOKS / MATERIALS / EQUIPMENT: \$ _____
ADVANCES FROM OTHER SOURCES: \$ _____	CLOTHING / UNIFORMS: \$ _____
LOANS: \$ _____	TRANSPORTATION / INCIDENTALS: \$ _____
TOTAL: \$ _____	TOTAL: \$ _____

ADDITIONAL SAVINGS OR EXPENSES NEEDING EXPLAINED:

ATTACH THE LISTED REQUIRED DOCUMENTATION TO THIS APPLICATION

The following items must be attached to this application in order for the application to qualify for review by the Scholarship Committee.

- 1) APPLICATION COVER LETTER STATING YOUR INTENT TO APPLY AS WELL AS OUTLINING YOUR CAREER GOALS
(1 PAGE MAXIMUM)
- 2) COMPLETED AND SIGNED APPLICATION
(THIS DOCUMENT)
- 3) COPY OF YOUR MOST RECENT TRANSCRIPTS PROVING YOUR GPA
(YOU MAY INCLUDE A TRANSCRIPT OF ANY COLLEGE CREDITS OBTAINED AS WELL)
- 4) TWO (2) CHARACTER REFERENCES & REFERENCE CONTACT INFORMATION
(REFERENCE NAME, PHONE, & EMAIL)
- 5) VERIFICATION OF YOUR APPLICATION AND/OR RECEIPT OF FAFSA
- 6) PERSONAL ESSAY (600 WORDS MAX):
 - HOW HAS SERVICE TO OTHERS MADE A MEANINGFUL IMPACT ON YOUR CHOICE OF STUDY IN HEALTHCARE?



STATEMENT OF ACCURACY

I affirm that all the above-stated information I provided is true and correct to the best of my knowledge.

I also consent to having my picture taken and used for any purpose deemed necessary to promote this scholarship program.

I understand that if chosen as a scholarship winner, according to the Blue Mountain Hospital District Healthcare Scholarship Fund Policy, I must provide evidence of enrollment/registration at an accredited post-secondary institution before my scholarship funds can be awarded to that institution.

I understand that my application must be complete in order for the Scholarship Committee to consider it for a Healthcare Scholarship award.

Signature of Applicant:

____/____/____
Date:

APPLICATION SUBMISSION CONTACTS:

Human Resources Department
Located at Blue Mountain Hospital - Administrative Office
170 Ford Road, John Day, OR 97845

Email: scholarship@bluemountainhospital.org

541.575.4192

THANK YOU FOR APPLYING!